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Bib Data Sheet

CONFIRMATION NO. 1490

SERIAL NUMBER 09/600,320	FILING DATE 07/16/2000 RULE	CLASS 123	GROUP ART UNIT 3747 3748	ATTORNEY DOCKET NO.
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APPLICANTS

John Peter Gahan, Parramatta, AUSTRALIA;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/AU98/00767 09/17/1998 ✓ T7X

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9721155.1 10/06/1997 ✓ T7X

** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 15	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>JTG</i> Initials					

ADDRESS

AIR MAIL

John Peter Gahan
P O Box 3500
Parramatta , 2124
AUSTRALIA

TITLE

Rotary two-stroke engine

FILING FEE RECEIVED 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 600320	RECEIPT DATE:	07 / 16 / 00
IA NUMBER:	PCT/ AU98 / 00767	IA FILING DATE:	09 / 17 / 98
FAMILY NAME:	GAHAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	JOHN PETER	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 06 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	JOHN PETER GAHAN		
STREET:	P O BOX 3500		
CITY:	PARRAMATTA		
STATE/COUNTRY:	AUX	ZIP:	NSW21
EMAIL:			
APPLICATION TITLES:			
	ROTARY TWO-STROKE ENGINE		

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** CONTINUING DATA *****

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ADDRESS

001009

TITLE

Rotary two-stroke engine

FILING FEE RECEIVED 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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